### UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

In re CITICARE INC.	Case No. 13-11902
Debtor	Reporting Period: JUNE 2015
	Federal Tax I.D. # xxxxxxx-2051

#### CORPORATE MONTHLY OPERATING REPORT

File with the Court and submit a copy to the United States Trustee within 20 days after the end of the month and submit a copy of the report to any official committee appointed in the case.

(Reports for Rochester and Buffalo Divisions of Western District of New York are due 15 days after the end of the month, as are the reports for Southern District of New York.)

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanatio
		Attacheu	n Attached
Schedule of Cash Receipts and Disbursements	MOR-1	х	
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1 (CON'T)	Х	
Copies of bank statements		Х	
Cash disbursements journals		•	
Statement of Operations	MOR-2	х	
Balance Sheet	MOR-3	Х	
Status of Post-petition Taxes	MOR-4	Х	
Copies of IRS Form 6123 or payment receipt			
Copies of tax returns filed during reporting period			
Summary of Unpaid Post-petition Debts	MOR-4	Х	
Listing of Aged Accounts Payable			
Accounts Receivable Reconciliation and Aging	MOR-5	х	
Taxes Reconciliation and Aging	MOR-5	Х	
Payments to Insiders and Professional	MOR-6	Х	
Post Petition Status of Secured Notes, Leases Payable	MOR-6	Х	
Debtor Questionnaire	MOR-7	х	

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the attached documents are true and correct to the best of my knowledge and belief.

Signature of Debtor	Date
Signature of Authorized Individual* /s/ Silva Umukoro	Date 7/20/2018
Printed Name of Authorized Individual Silva Umukoro	Date

<sup>\*</sup>Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

In re Citicare, Inc.

Debtor

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Case No. 13-11902

Reporting Period: JUNE 2015

#### SCHEDULE OF CASH RECEIPTS AND DISBURSEMENTS

Amounts reported should be from the debtor's books and not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. The amounts reported in the "CURRENT MONTH - ACTUAL" column must equal the sum of the four bank account columns. Attach copies of the bank statements and the cash disbursements journal. The total disbursements listed in the disbursements journal must equal the total disbursements reported on this page. A bank reconciliation must be attached for each account. [See MOR-1 (CON'T)]

	1		ı	BANK ACCOUNTS			
ACCOUNT NUMBER (LASSEA)	OPER- Chase-9238	Tax-Chase= 9626	Payroll=Chase 6841	OPJR Gjjibank 1201	lax=Gilibank 1236	Payroll Gitibank 1228	GURRENT MONIUL AGTUAL
CASH BEGINNING OF MONTH		(1,477)		(2.202)	(2.24())	(14 600)	TOTAL
RECEIPTS				(2,292)	(3,246)	(14,683)	(21,698)
MEDICAL FEE COLLECTIONS		165,624		3,731		The second secon	
ACCOUNTS RECEIVABLE -	-	103,024		3,731		20,799	190,154
PREPETITION							
ACCOUNTS RECEIVABLE -							-
POSTPETITION RENT							
SALE OF ASSETS				4,243			4,243
DIP FUNDING		75.000					-
TRANSFERS IN	-	75,000					75,000
TOTAL RECEIPTS	-	4,200		19,177	10,000	51,300	84,677
DISBURSEMENTS	-	244,824	-	27,151	10,000	72,099	354,074
PAYROLL							
The state of the s							
PAYROLL TAXES & Garnishees	<u> </u>					-	-
UTILITIES	i	7,102					7,102
MEDICAL SUPPLIES							-
DIP FUNDING							-
INSURANCE						-	_
ADMINISTRATIVE		64,524			530	65	65,119
SUPPLIES						-	-
REPAIRS & MAINT						-	-
ACCOUNTS PAYABLE		123,680		26,074		55,911	205,665
TRANSFERS (TO DIP ACCTS)		53,100		10,800	9,400	11,377	84,677
PROFESSIONAL FEES- NON					i	- 1	- 1
BANKRUPTCY							
U.S. TRUSTEE QUARTERLY FEES	<u> </u>					-	-
Plug	ļ					- 1	- "
Voided Checks from prior months	-			(9,639)			(9,639)
TOTAL DISBURSEMENTS	-	248,406	-	27,235	9,930	67,353	352,924
NET CASH FLOW	-	(3,582)	-	(84)	70	4,746	1,150
(RECEIPTS LESS DISBURSEMENTS)							
CASH – END OF MONTH	<u> </u>	(5,059)	-	(2,376)	(3,176)	(9,937)	(20,548)

<sup>\*</sup> COMPENSATION TO SOLE PROPRIETORS FOR SERVICES RENDERED TO BANKRUPTCY ESTATE

#### THE FOLLOWING SECTION MUST BE COMPLETED

DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES: (FROM CURRENT MONTH ACTUAL COLUMN)

TOTAL DISBURSEMENTS	352924
LESS: TRANSFERS TO OTHER DEBTOR IN	84677
POSSESSION ACCOUNTS	
PLUS: ESTATE DISBURSEMENTS MADE BY	
OUTSIDE SOURCES (i.e. from escrow accounts)	
TOTAL DISBURSEMENTS FOR	268247
CALCULATING U.S. TRUSTEE QUARTERLY	
CALCULATING U.S. TRUSTEE QUARTERLY	

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In re <u>Citicare, Inc.</u>	Case No. 13-11902
Debtor	
	Reporting Period: JUNE 2015

#### BANK RECONCILIATIONS

#### Continuation Sheet for MOR-1

A bank reconciliation must be included for each bank account. The debtor's bank reconciliation may be substituted for this page. (Bank account numbers may be reducted to last four numbers.)

	Operating Chase 9238	Tax Chase 9626	Payroll Chase	Operating Citibank 1201	Tax Citibank 1236	Payroll Citibank 1228
BALANCE PER BOOKS		-5059	0	-2376	-3176	-9937
BANK BALANCE		4712	0	413	149	4719
(+) DEPOSITS IN TRANSIT (ATTACH LIST)		0		0		
(-) OUTSTANDING CHECKS (ATTACH LIST) :	0	9771	0	2789	3325	14656
OTHER (ATTACH EXPLANATION)		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT				
ADJUSTED BANK BALANCE *	0	-5059	0	-2376	-3176	-9937

<sup>\*&</sup>quot;Adjusted Bank Balance" must equal "Balance per Books"

DEPOSITS INTRANSITION	no management	High the Average Comments and		Telebror International State Superior	The Paris Contracts of the Paris Contract of	Im the stepping and
DECORPORATE SANCTOR			Z Z Date			Amount
					***	
PHECKSIOUTSTANDING	TECK##	Fig. 15. TAmount 11.	Citibank-acct	Gk#######		Amount
Citi Tax 1236		Tax - Chase9626	Operating 1201		Payrol 1228	
3325		8.13	1778,65	DEC	165.82	april
0	арг	1,00	775.59	apr		may
0	арг	9,761,89		арг	1,124.65	
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		-,	2789.24			jun jun
			2103.24			jun
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In re Citicare, Inc.	Case No. 13-11902	
Debtor	Reporting Period: JUNE 2015	_

#### **STATEMENT OF OPERATIONS** (Income Statement) - (1)

The Statement of Operations is to be prepared on an accrual basis. The accrual basis of accounting recognizes revenue when it is realized and expenses when they are incurred, regardless of when cash is actually received or paid.

REVENUES	MONTH OF JUNE 2015	CUMULATIVE -FILING TO DATE
Gross Revenues	308252	8661306
Less: Returns and Allowances	-122509	-2782887
Rent	4244	61948
Other	3655	18940
Prior Period Adjustment		167680
Net Revenue	193642	6126987
COSTROLEGOODSESOIDD		
Beginning Inventory		1,10,2,7,11
Add: Purchases		<del></del>
Add: Cost of Labor		
Add: Other Costs (attach schedule)		
Less: Ending Inventory		
Cost of Goods Sold		
Gross Profit	193642	6126987
OPERATUNC DESPENSES		
Advertising	0	2572
Miscellaneous - Due Diligence Fee	0	10000
Bad Debts		
Employee Benefits Programs	0	
Officer/Insider Compensation*		
Insurance	14213	202070
Miscellaneous	0	11246
Office Expense	2824	42020
Pension & Profit-Sharing Plans		
Repairs and Maintenance	7131	193975
Rent and Lease Expense	55000	1136806
Salaries/Commissions/Fees	68304	1689156
Supplies	0	18639
Taxes - Payroll	6115	144310
Taxes - Real Estate	9175	84283
Taxes - Other nyc nys Fed	63	1591
Travel	0	4128
Utilities	8113	175670
Other (attach schedule)	31850	
Prior Period Adjustment		31300
Total Operating Expenses Before Depreciation	202788	5664046
Depreciation/Depletion/Amortization	0	0
Net Profit (Loss) Before Other Income & Expenses	-9146	462941
OTHER INCOME AND EXPENSES		
Other Income (attach schedule)		
Interest Expense		
Other Expense (attach schedule)		
Net Profit (Loss) Before Reorganization Items	-9146	462941

Citicare, Inc.  Debtor	Case No. 13-11 Reporting Period: JUNE	
REORGANIZATEON DEBMIS	` -	
Professional Fees Bantruptcy Attorney & Accountant	14000	309
professional Fees Patient Care Ombusman &Attorney	0	117
U. S. Trustee Quarterly Fees	1625	38
Interest Earned on Accumulated Cash from Chapter 11		
Gain (Loss) from Sale of Equipment		
Other Reorganization Expenses (attach schedule)		
Total Reorganization Expenses	15625	46
Income Taxes		
Net Profit (Loss)	-24771	H
*"Insider" is defined in 11 U.S.C. Section 101(31).		*
BREAKDOWN OF "OTHER" CATEGORY		
OTHER COSTS		
Prof Fees - Nonmedical	6762	
Lab fees	0	
P/R Service	208	<del></del>
Cleaning & Mainrenance	1576	
Bank Fees	577	
	0	
Professional Fees - Medical & Others (non bankruptcy)	20679	
Interest & Penalty	0	
Transportatiom	348	
Medical Supplies	1700	<del></del>
Credit Cards/PC	0	
Equip Testing & Service		
Community Outreach	0	
	31850	
OTHER EXPENSES		
		····
OTHER REORGANIZATION EXPENSES		

#### Reorganization Items - Interest Earned on Accumulated Cash from Chapter 11:

Interest earned on cash accumulated during the chapter 11 case, which would not have been earned but for the bankruptcy proceeding, should be reported as a reorganization item.

(1) - Prepared feom the Debtor's Books as provided, subject to adjustment/correction

In	re	Citicare,	Inc.
In	re	Citicare,	Inc.

Debtor

Case No. 13-11902
Reporting Period: JUNE 2015

BALANCE SHEET

The Balance Sheet is to be completed on an accrual basis only. Pre-petition liabilities must be classified separately from post-petition obligations.

7/SSD/S	PROOK VARUE AGENDION	BOOK VALUE AT END OF	BOOK VALUE ON PETITION
	# CURRENTERIPORITING #	PRIOR REPORTING	DATE OR SCHEDULED
	MONTH	MONOTO I	
GORNENTASSEIS			
Unrestricted Cash and Equivalents	(20,548)	(21,698)	28,777
Restricted Cash and Cash Equivalents (see continuation			
sheet) Accounts Receivable (Net)	1,734,070	1,730,302	140,000
Prepaid Expenses	7500	7500	140,000
Professional Retainers	7300	7300	
Other Current Assets (attach schedule)-401K	213	213	
TOTAL CURRENT ASSETS	1,721,235	1,716,317	168,777
PROBERBENZEOUPMENA	1,721,255		106,777
Real Property and Improvements	50,800	50,800	
Machinery and Equipment	10,500	10,500	-
Furniture, Fixtures and Office Equipment	11,850	11,850	55,000
Leasehold Improvements	364,017	364,017	30,000
Vehicles		501,011	
Less: Accumulated Depreciation	(257,125)	(257,125)	
TOTAL PROPERTY & EQUIPMENT	180,042	180,042	55,000
OPPRINTS SEED TO SEED			
Amounts due from Insiders*	21,394	21,394	THE RESEARCH OF THE PROPERTY O
NYS Article 28 License		-2,021	500,000
Other Assets (attach schedule)-security deposit	13,595	13,595	
TOTAL OTHER ASSETS	34,989	34,989	-
TOTAL ASSETS	1,936,266	1,931,348	223,777
LIABILITIES AND OWNER EQUITY	BOOK VALUE AT END OF	BOOK VALUE AT END OF	
MADIATIES MAY ON THE EQUITY	CURRENT REPORTING	PRIOR REPORTING	BOOK VÄLUE ON PETITION DATE
	МОПТН	MONTH	111111011111111111111111111111111111111
HEXBIECHES NOTESTIFIE (CETTO GOMPROMISE (COSTOCUTO))	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Accounts Payable	873,336	924,510	_
Taxes Payable (refer to FORM MOR-4)	148,763	148,763	
Employee Benefits Payable	16,712	16,712	
UST FEES	4,863	13,000	
DIP Financing	175,000	100,000	
Professional Fees Patient Care Ombusman & Attorney	118,500	118,500	
Professional Fees Bankruptcy Attorney & Accountant	309,500	295,500	-
Amounts Due to Insiders*			
Other Post-petition Liabilities (attach schedule)			
TOTAL POST-PETITION LIABILITIES	1,646,674	1,616,985	-
IDANHOHIKKNIPPECETO (COMPROMISE (PZERCHIO))			
Secured Debt:	1,920,389	1,920,389	-
Priority Debt :	132,000	132,000	2,052,389
Unsecured Debt	2,455	2,455	482,573
Amounts Due to Insiders*	64,589	64,589	-
TOTAL PRE-PETITION LIABILITIES	2,119,433	2,119,433	2,534,962
TOTAL LIABILITIES	3,766,107	3,736,418	2,534,962
OWNERS SEQUITY			
Capital Stock	200	200	
Additional Paid-In Capital			
Partners' Capital Account			
Owner's Equity Account			
Retained Earnings - Pre-Petition	(1,621,843)	(1,621,843)	(2,311,186)
Retained Earnings - Post-petition	2,446	27,217	
Adjustments to Owner Equity NOL	(144,879)	(144,879)	
Prior Period Adjustment	(65,765)	(65,765)	
Post-petition Contributions (attach schedule)			
NET OWNERS' EQUITY	-1829841		
TOTAL LIABILITIES AND OWNERS' EQUITY	1,936,266	1,931,348	223,777

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e Citi	care, Inc.		Case No.	13-11902
De	btor		Reporting Period:	JUNE 2015
BA	LANCE SHEET - continuation section			
	LANCE SHEET - continuation section  ASSETS.	BOOK-VALUE ATTEND	BOOKWALUE AT END	BOOK VALUE ON
		OF CURRENT	OF PRIOR REPORTING	PETITION DATE
Oth	er Current Assets			
_				
Oth	er Assets			
-				
	LIABITATIES AND OWNER EQUITY	BOOK VALUE AT END		BOOK VALUE ON
		REPORTING MONTH		PETITION DATE
Oth	er Post-petition Liabilities			and the second section of the second section of the second section of the second section of the second section
Adj	ustments to Owner's Equity			
_				
_				<u> </u>
Pos	t-Petition Contributions	<u> </u>	<u></u>	L
_ 00				1

Restricted Cash: Cash that is restricted for a specific use and not available to fund operations. Typically, restricted cash is segregated into a separate account, such as an escrow account.

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In re Citicare, Inc.	Case No.	13-11902
Debtor	Reporting Period:	JUNE 2015

#### STATUS OF POST-PETITION TAXES

The beginning tax liability should be the ending liability from the prior month or, if this is the first report, the amount should be zero.

Attach photocopies of IRS Form 6123 or payment receipt to verify payment or deposit of federal payroll taxes. Attach photocopies of any tax returns filed during the reporting period.

Pedoral		Amount Withheld			Check#or	
	Beginning	and/or			Check#or	
[[Glora]]	llax	Accorned	Amount Paid	Date Paid		Ending Tax
Withholding						
FICA-Employee						
FICA-Employer						
Unemployment						
Income						
Other:						
Total Federal Taxes						
State and Boyal						
Withholding					The state of the s	
Sales						
Excise						
Unemployment						
Real Property						
Personal Property				***************************************		
Other:						
Total State and Local						
Total Taxes						

#### SUMMARY OF UNPAID POST-PETITION DEBTS

Attach aged listing of accounts payable.

#### Number of Days Past Due

	Current	0-30	31-60	61-90	Over 91	Total
Accounts Payable	135235	133234	144720	103075	357072	873336
Wages Benefits Payable	16712					16712
Taxes Payable	45000	32119	71644			148763
IP financing	75000	100000				175000
Rent/Leases-Equipment						
Professional Fees Patient						
Care Ombusman & Atty	1500	1500	4000	6000	105500	118500
Professional Fees						
Bankruptcy Atty & Acct	14000	12500	8500	12500	262000	309500
Amounts Due to Insiders				""		
UST FEES	1625	1625	1625	0	-12	4863
Other:					The state of the s	
<b>Total Post-petition Debts</b>	289072	280978	230489	121575	724560	1646674

Explain how and when the Debtor intends to pay any past due post-petition debts.

FORM MOR-5 2/2008 PAGE 9 OF 11

Case No. 13-11902 Reporting Period: JUNE 2015

# ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Treat A consistent of the heritain of the mainting of the consistent of the consiste	A710656
Less: Amounts collected during the period	181975
Total Accounts Receivable at the end of the reporting period	4845933

Wecounts Receivable Aging	N Section 1	Si-60 Days		# 91+Days	
0 - 30 days old					0
31 - 60 days old					0
61 - 90 days old					0
91+ days old					0
Total Accounts Receivable					4845933
Less: NYS Audit Adjustment	-122509	-237210	-260459	-2491685	-3111863
Net Accounts Receivable	-122509	-237210	-260459	-2491685	1734070

# TAXES RECONCILIATION AND AGING

Taxes Payable Hillian	16	H 91 H Days I III H TOVALL HILL
0 - 30 days old		
31 - 60 days old	PLEASE REFER	
	TO MOR-4	
61 - 90 days old		
91+ days old		
Total Taxes Payable		
Total Accounts Payable		

In re Citicare, Inc. Debtor

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In re Citicare, Inc.	Case No. 13-11902
Debtor	Reporting Period: JUNE 2015

#### PAYMENTS TO INSIDERS AND PROFESSIONALS

Of the total disbursements shown on the Cash Receipts and Disbursements Report (MOR-1) list the amount paid to insiders (as defined in Section 101(31) (A)-(F) of the U.S. Bankruptcy Code) and to professionals. For payments to insiders, identify the type of compensation paid (e.g. Salary, Bonus, Commissions, Insurance, Housing Allowance, Travel, Car Allowance, Etc.). Attach additional sheets if necessary.

	INSIDE	RS I I I I I I I I I I I I I I I I I I I	
NAVE/ E	TYPEOTPAYMINT	AMOUNT PAID	TOTAL PAUD TO DATE
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		· · · · · · · · · · · · · · · · · · ·	
La	YMENTS TO INSIDERS		

		PRODUSSI	ONALS :		
Provide the second seco	DATEOR COURT. CRIDER: AUJUSTINING PAYMENT.	AMOUNT APPROVED	AMOUNTPAID	Tolval-Paid-rojdatie	TOTAL NOURRED &
		The second secon	Manager Daniel Manager Daniel Control	A STATE OF THE PROPERTY OF THE	
THE PROPERTY OF THE PROPERTY O	L ESTO PROBESSIONALS				

<sup>\*</sup> INCLUDE ALL FEES INCURRED, BOTH APPROVED AND UNAPPROVED

# POST-PETITION STATUS OF SECURED NOTES, LEASES PAYABLE AND ADEQUATE PROTECTION PAYMENTS

SOMEDHED AMOUNTERAID MONTHER DURANT PERMION PERMION				
		SCHEDUERD ::		
		MONTHEY RAYMENT	<b>EAMOUNT PAID</b>	TOTAL UNPAID POST
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		<del> </del>	<del> </del>	
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COLOR PAYMENTS		TOTAL PAYMENTS		

In re <u>C</u>	iticare, Inc.	Case No.	13-11902	
Γ	Debtor	Reporting Period:	JUNE 2015	•

#### **DEBTOR QUESTIONNAIRE**

Must be completed each month. If the answer to any of the questions is "Yes", provide a detailed explanation of each item.  Attach additional sheets if necessary.	Yes	No
Have any assets been sold or transferred outside the normal course of business this reporting period?		X
Have any funds been disbursed from any account other than a debtor in possession account this reporting period?	X	
Is the Debtor delinquent in the timely filing of any post-petition tax returns?		X
Are workers compensation, general liability or other necessary insurance coverages expired or cancelled, or has the debtor received notice of expiration or cancellation of such policies?		Х
Is the Debtor delinquent in paying any insurance premium payment?		X
Have any payments been made on pre-petition liabilities this reporting period?	(1)	
Are any post petition receivables (accounts, notes or loans) due from related parties?		X
8 Are any post petition payroll taxes past due?	X	
9 Are any post petition State or Federal income taxes past due?	(1)	
Are any post petition real estate taxes past due?		X
Are any other post petition taxes past due?	(1)	
Have any pre-petition taxes been paid during this reporting period?		X
Are any amounts owed to post petition creditors delinquent?		X
Are any wage payments past due?		X
Have any post petition loans been been received by the Debtor from any party?	X	
Is the Debtor delinquent in paying any U.S. Trustee fees?		X
Is the Debtor delinquent with any court ordered payments to attorneys or other professionals?		X
Have the owners or shareholders received any compensation outside of the normal course of business?		Х

#15 from ePower -DIP finacing/investor

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Citibank CBO Services 022 P.O. Box 769018 San Antonio, Texas 78245

> CITICARE INC. PAYROLL ACCOUNT DEBTOR-IN-POSSESION 13-11902 154 W. 127TH ST NEW YORK NY 10027

001/R1/20F000

O47
CITIBANK, N. A.
Account
Account
D1228
Statement Period
Jun 1 - Jun 30, 2015
Relationship Manager
Citibusiness Service Center
(877) 528-0990

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#### (enil: 10.5 = 17.00 =

Relationship Summary:		
Checking	\$4,718.70	
Savings		
Checking Plus	ME (All his one one	

#### IMPORTANT CHANGES TO TELLER-ASSISTED CASH TRANSACTIONS

Citibank will now begin to require additional information from individuals conducting cash transactions. If you are not able to authenticate your identity using a Citibank Banking Card, you will have to provide a government issued identification as well as other information to complete the transaction. Please stop by your local branch to learn more.

#### lstelravicte compagacie strivininaray terkotnemiayy terxoxistmatirrumyayy shexxonis

	•		
Type of Charge	No./Units	Price/Unit	Amount
CITIBUSINESS FLEXIBLE CHECKING # 4 1228			
Average Daily Collected Balance			\$4,271.67
DEPOSIT SERVICES  MONTHLY MAINTENANCE FEE  CURRENCY DEPOSIT (PER \$100)  **WAIVE  OVERDRAWN BALANCE INT CHARGE	1 30 1	30.0000 .3500 .5500	30.00 10.50 0.55
CHECKS, DEP ITEMS/TICKETS, ACH **WAIVE	58	.4000	23.20
Total Charges for Services			\$30.55
Net Service Charge			\$30.55
•			

Charges debited from account # 4 1228

#### CitiBusiness Flexible Checking

CHISCHNIC ACHMINY

<b>609988</b> 1228		Beginning E Ending Bala	\$7,893.41 \$4,718.70			
Date	Description		_	Debits	Credits	Balance
06/01	CHECK NO:	1984		560.11		7,333.30
06/01	CHECK NO:	1972		670.70		6,662.60
06/01	CHECK NO:	1977		1,248,30		5,414,30
06/01	ACH DEBIT ACHIVR VISB	BILL PYMNT 2680415	Jun 01	630.41		4,783.89
06/01	CHECK NO:	1981		696.50		4,087.39
06/01	CHECK NO:	1974		703.70		3,383.69
06/01	CHECK NO:	1976		1,124.64		2,259.05
06/01	CHECK NO:	1985		1,180.60		1,078.45
06/01	CHECK NO:	1978		1,391.02		312.57
06/01	CHECK NO:	1970		3,489.66		3.802.23-

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GARLET GARANTE TARGET AND THE TARGET

CITICARE INC. PAYROLL ACCOUNT DEBTOR-IN-POSSESION 13-11902

Account 228 Page 2 of 3 Statement Period: Jun 1 - Jun 30, 2015

001/R1/20F000

e (elli E)	NKINGNACHIMINA			Confilmina
Date	Description	Debits	Credits _	Balance
06/02	FUNDS TRANSFER ONLINE Reference # 004122		4,000.00	197.77
06/02	OVERDRAFT CHARGE	70.00		127.77
06/04 06/04	DEPOSIT FUNDS TRANSFER/PAYMENT	077.00	7,500.00	7,627.77
	ONLINE Reference # 000978	277.00		7,350.77
06/04	FUNDS TRANSFER/PAYMENT ONLINE Reference # 001462	1,100.00	. /s.k	6,250.77
06/04 06/04	WITHDRAWAL CHECK NO: 1971	1,500.00 የፊላ <sup>ላ</sup>	( CKSL	4,750.77
06/05	CHECK NO: 1988	1,722.04 1,168.17		3,028.73 1,860.56
06/05 06/08	CHECK NO: 1973 FUNDS TRANSFER/PAYMENT	1,350.47		510.09
-	ONLINE Reference # 002203	500.00	<b>→</b>	10.09
06/09	FUNDS TRANSFER ONLINE Reference # 001203		3,600.00	3,610.09
06/09	CHECK NO: 1987	3,552.35		57.74
06/09	SERVICE CHARGE ACCT ANALYSIS DIRECT DB	30.55		27.19
06/11 06/11	DEPOSIT DEPOSIT		999.90	1,027.09
06/12	DEPOSIT		4,800.00 2,799.54	5,827.09 8,626.63
06/12 06/12	CHECK NO: 2005 CHECK NO: 1994	409.12	, , , , , , , , , , , , , , , , , , , ,	8,217.51
06/12		469.47 629,36		7,748.04 7,118.68
06/12	CHECK NO: 1998	721.57		6,397.11
06/12 06/15	CHECK NO: 1997 FUNDS TRANSFER	1,413.64	1,400.00	4,983.47 6,383.47
06/15	ONLINE Reference # 003180 DEPOSIT		-	
06/15	WITHDRAWAL	200,00	4,700.00	11,083.47 10,883.47
06/15 06/15	CHECK NO: 2002 CHECK NO: 2007	1,150.51		9,732.96
06/15	CHECK NO: 2007 CHECK NO: 2001	1,332.96 2,479.94		8,400.00 5,920.06
06/15	CHECK NO: 2000	645.10		5,274.96
06/15 06/15	CHECK NO: 1993 CHECK NO: 2004	773.92 <b>1,1</b> 80.60		4,501.04 3,320.44
06/15	CHECK NO: 1999	1,220.13		2,100.31
06/15 06/17	CHECK NO: 1992 CHECK NO: 1989	1,350.47 3,489.64		749.84
06/18	DEPOSIT	3,409.04	<b>4</b> 2,800.00	2,739.80- 60.20
06/18 06/18	DEPOSIT FUNDS TRANSFER/PAYMENT	1,000,00	<b>1</b> 15,000.00	15,060.20
	ONLINE Reference # 006364	1,000.00		14,060.20
06/18 06/18	OVERDRAFT CHARGE CHECK NO: 1996	35.00 1,311.52		14,025.20 12,713.68
06/18	CHECK NO: 1990	1,722.04		10,991.64
06/19	FUNDS TRANSFER/PAYMENT ONLINE Reference # 001045	7 00.000,8		7,991.64
06/19 06/22	CHECK NO: 2006	3,552.35		4,439.29
	FUNDS TRANSFER/PAYMENT ONLINE Reference # 007322	1,500.00		2,939.29
06/25 06/26	DEPOSIT CHECK NO: 2013	476.15	15,000.00	17,939.29
06/26	CHECK NO: 2024	545.27	•	17,463.14 16,917.87
06/26 06/26		646.98		16,270.89
06/26		704.42 767.59		15,566.47 14,798.88
06/26	CHECK NO: 2016	1,252.32		13,546.56
06/26 06/29	CHECK NO: 2018 FUNDS TRANSFER/PAYMENT	1,314.04 4,000.00		12,232,52 8,232,52
06/29	ONLINE Reference # 008723	•		<del>-</del>
06/29	CHECK NO: 2027	775.30 925.24		7,457.22 6,531.98
06/29		2,324.63		4,207.35
06/29 06/29	CHECK NO: 2012 CHECK NO: 2021	785.45 1,178.09		3,421.90 2,243.81
06/29	CHECK NO: 2023	1,180.60		1,063.21
06/29	CHECK NO: 2008	3,489.65		2,426.44-

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CITICARE INC. PAYROLL ACCOUNT **DEBTOR-IN-POSSESION 13-11902** 

Account 41228 Statement Period: Jun 1 - Jun 30, 2015

Page 3 of 3

001/R1/20F000

Date	Description	Debits	Credits 🥒	Balance
06/30	FUNDS TRANSFER ONLINE Reference # 000760		1,200.00	1,226.44-
06/30	DEPOSIT		<b>≮</b> 2.500.00	1,273,56
06/30	DEPOSIT		5,800.00	7.073.56
06/30	OVERDRAFT CHARGE	35.00	7 -,	7.038.56
06/30	CHECK NO: 2003	534.06		6,504.50
06/30	CHECK NO: 2022	538.44		5,966.06
06/30	CHECK NO: 2015	1,247.36		4,718.70
	Total Debits/Credits	75,274.15	72.099.44	.,

	Checks Paid										
Check	Date	Amount	Check	Date	Amount	Check	Date	Amount	Check	Date	Amount
1970	06/01	3,489.66	1971	06/04	1,722.04	1972	06/01	670.70	1973	06/05	1,350,47
1974	06/01	703.70	1976*	06/01	1,124.64	1977	06/01	1,248.30	1978	06/01	1,391.02
1981*	06/01	696.50	1984*	06/01	560.11	1985	06/01	1,180.60	1987*	06/09	3,552,35
1988	06/05	1,168.17	1989	06/17	3,489.64	1990	06/18	1,722.04	1991	06/12	629.36
1992	06/15	1,350.47	1993	06/15	773.92	1994	06/12	469 47	1996*	06/18	1.311.52
1997	06/12	1,413.64	1998	06/12	721.57	1999	06/15	1,220.13	2000	06/15	645.10
2001	06/15	2,479.94	2002	06/15	1,150.51	2003	06/30	534.06	2004	06/15	1,180,60
2005	06/12	409.12	2006	06/19	3,552.35	2007	06/15	1,332.96	2008	06/29	3,489,65
2010*	06/26	704.42	2012*	06/29	785.45	2013	06/26	476.15	2015*	06/30	1,247,36
2016	06/26	1,252.32	2017	06/26	646,98	2018	06/26	1,314.04	2019	06/26	767.59
2020	06/29	2,324.63	2021	06/29	1,178.09	2022	06/30	538.44	2023	06/29	1.180.60
2024	06/26	545.27	2025	06/29	775.30	2027*	06/29	925.24			

<sup>\*</sup> indicates gap in check number sequence

Number Checks Paid: 47

Totaling:

\$61,396.19

#### None Alexandra de la compania de la

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Checking

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## 13-11902-mew Doc 135 Filed 07/20/15 Entered 07/20/15 15:08:39 Main Document Pg 15 of 27

Citibank CBO Services 022 P.O. Box 769018 San Antonio, Texas 78245

CITICARE INC. TAX ACCOUNT
DEBTOR-IN-POSSESION 13-11902
154 W. 127TH ST
NEW YORK NY 10027

001/R1/04F000

000
CITIBANK, N. A.

Account
1236
Statement Period
Jun 1 - Jun 30, 2015
Relationship Manager
Citibusiness Service Center
(877) 528-0990

Page 1 of 2

#### CONFIDENCES CACCOUNTAS OF JUNESO, 2015

Relationship Summary:		
Checking	\$149.00	
Savings		
Checking Plus		

#### IMPORTANT CHANGES TO TELLER-ASSISTED CASH TRANSACTIONS

Citibank will now begin to require additional information from individuals conducting cash transactions. If you are not able to authenticate your identify using a Citibank Banking Card, you will have to provide a government issued identification as well as other information to complete the transaction. Please stop by your local branch to learn more.

#### STEERANGER GERARROEE STUMMARRY FEROMENIARY ARYOUT 2018 FURTHER RUNNAY AND PROME

Type of Charge	No./Units	Price/Unit	Amount
CITIBUSINESS FLEXIBLE CHECKING # 200 1236			
Average Daily Collected Balance			\$2,156.62
DEPOSIT SERVICES  MONTHLY MAINTENANCE FEE  CHECKS, DEP ITEMS/TICKETS, ACH  **WAIVE	1 2	30.0000 .4000	30.00 0.80
Total Charges for Services			\$30.00
Net Service Charge			\$30.00
Charges debited from account #450001236			

TOTAL MATERIAL PROPERTY OF THE FOR

CitiBu	usiness Flexible Checking		
(4)	1236	Beginning Balance: Ending Balance:	\$79.00 \$149.00
Date	Description	Debits Credits 🗣	Balance
06/08	DEPOSIT	0 MM CAST 10,000.00 \$	10.079.00
06/08	WITHDRAWAL	500,00	9,579.00
06/08	FUNDS TRANSFER/PAYMENT ONLINE Reference # 003049	3,000.00 <b>T</b>	6,579.00
06/09	FUNDS TRANSFER/PAYMENT ONLINE Reference # 001203	3,600.00 T	2,979.00
06/09	SERVICE CHARGE ACCT ANALYSIS DIRECT DB	30.00	2,949.00
06/10	FUNDS TRANSFER/PAYMENT ONLINE Reference # 001585	600.00	2,349.00
06/10	FUNDS TRANSFER/PAYMENT ONLINE Reference # 001859	2,200.00	149.00
	Total Debits/Credits	9,930.00 1 10,000.00	

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CITICARE INC. TAX ACCOUNT DEBTOR-IN-POSSESION 13-11902

Account 1236 Statement Period: Jun 1 - Jun 30, 2015

Page 2 of 2

001/R1/04F000

#### 

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Citibank CBO Services 022 P.O. Box 769018 San Antonio, Texas 78245

CITICARE INC. OPERATING ACCOUNT DEBTOR-IN-POSSESION 13-11902 154 W. 127TH ST NEW YORK NY 10027

001/R1/20F000

017
CITIBANK, N. A.

Account
1201
Statement Period
Jun 1 - Jun 30, 2015
Relationship Manager
Citibusiness Service Center
(877) 528-0990

Page 1 of 3

#### CONTRINCIBLE SECTION (ACTION DE LA CONTRIBUITA DEL CONTRIBUITA DE LA CONTRIBUITA DE

Relationship Summary:		
Checking	\$413.27	
Savings	7000	
Checking Plus		

#### IMPORTANT CHANGES TO TELLER-ASSISTED CASH TRANSACTIONS

Citibank will now begin to require additional information from individuals conducting cash transactions. If you are not able to authenticate your identify using a Citibank Banking Card, you will have to provide a government issued identification as well as other information to complete the transaction. Please stop by your local branch to learn more.

#### CHERANGE CHARACTECHIMMARRY (ERCOMMARY) ( "YONGTHERUUMRAY SYLEXONG").

Type of Charge	No./Units	Price/Unit	Amount
CITIBUSINESS FLEXIBLE CHECKING # #700001201			
Average Daily Collected Balance			\$1,146.47
DEPOSIT SERVICES MONTHLY MAINTENANCE FEE **WAIVE	1	30.0000	30.00
CURRENCY DEPOSIT (PER \$100) **WAIVE	195	.3500	68.25
OVERDRAWN BALANCE INT CHARGE OVERDRAWN BALANCE INT CHARGE UNCOLLECTED BALANCE INT CHARGE UNCOLLECTED BALANCE INT CHARGE OVERDRAFT/UNCOLLECTED ITEMS CHECKS, DEP ITEMS/TICKETS, ACH **WAIVE	1 1 1 1 6 110	2.4500 .1400 .2100 .0100 35.0000 .4000	2.45 0.14 0.21 0.01 210.00 44.00
Total Charges for Services			\$212.81
Net Service Charge			\$212.81
Charges debited from account # 1201			

# GHEGKING ACTIMITY

	usiness Flexible Checking			
	<b>6</b> 1201	Beginning Bala Ending Balanc		\$7,427.41 \$413.27
Date	Description	Debits	Credits	Balance
06/01	DEPOSIT		294.46	7,721,87
06/01	DEPOSIT	est a	337.94	8.059.81
06/01	WITHDRAWAL	2,500.00 🕇 🦹	551151	5,559.81
06/02	FUNDS TRANSFER/PAYMENT ONLINE Reference # 004122	4,000.00		1,559.81
06/02	CHECK NO: 1862	176.92		1,382,89
06/02	CHECK NO: 1859	1,000.00		382.89

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CITICARE INC. OPERATING ACCOUNT DEBTOR-IN-POSSESION 13-11902

Account #201 Page 2 of 3 Statement Period: Jun 1 - Jun 30, 2015

001/R1/20F000

(6:11/EE)	KING ACTIVITY			्रवाहोसीहारा सह
Date	Description	Debits	Credits	Balance
06/03	CHECK NO: 1865	125.00		257.89
06/03	CHECK NO: 1860	721.22	_	463.33-
06/04	FUNDS TRANSFER		277.00 T	186.33-
	ONLINE Reference # 000978			,,,,,,,
06/04	DEPOSIT		₹ 500.00	313.67
06/04	FUNDS TRANSFER ONLINE Reference # 001462		1,100.00	1,413.67
06/04	OFF-US ATM WITHDRAWAL	277.00	•	1,136.67
00,01	302 LENOX AVE NEW YORK NYUS021	217.00		1,130.07
06/04	CHECK NO: 1861	118.54		1,018.13
06/04	CHECK NO: 1863	978.04		40.09
06/05	CHECK NO: 1864	1,600.00		1,559.91-
06/08	DEPOSIT		248.13	1,311.78-
06/08	FUNDS TRANSFER ONLINE Reference # 002203		500.00 T	811.78-
06/08	DEPOSIT		1,500.00	688.22
06/08	FUNDS TRANSFER		3,000.00	3,688,22
	ONLINE Reference # 003049		0,000.00	0,000.22
06/08	ACH DEBIT	279.35		3,408.87
06/08	GOOGLE*SVCS APPS_CITIC 1148611 Jun 08 CHECK NO: 1867	500.00		0.000.07
06/08	CHECK NO: 1868	2,500.00		2,908.87
06/09	CHECK NO: 1870	544.38		408.87 135.51-
06/09	SERVICE CHARGE	212.81		348.32-
00,00	ACCT ANALYSIS DIRECT DB	212.01		040.02*
06/10	DEPOSIT		/ 100.00v , o <sup>()</sup>	248.32-
06/10	201 WEST 125 ST, NY, NY DEPOSIT		7 500 00 >00	054.00
00/10	201 WEST 125 ST, NY, NY		500.00 🗸	251.68
06/10	FUNDS TRANSFER		600.00 <b>T</b>	851.68
	ONLINE Reference # 001585		•	
06/10	FUNDS TRANSFER ONLINE Reference # 001859		2,200.00	3,051.68
06/10	CHECK NO: 1869	3,000.00	i	51.68
06/11	DEPOSIT	0,000.00	550.70	602.38
06/12	DEPOSIT		2,500.00	3,102.38
06/15	DEPOSIT	س-	646.03	3,748.41
06/15	FUNDS TRANSFER/PAYMENT	1,400.00	0 10.00	2,348.41
0045	ONLINE Reference # 003180	· ·		•
06/15	CHECK NO: 1871	600.00		1,748.41
06/16 06/18	WITHDRAWAL FUNDS TRANSFER	· <b>《</b> 1,700.00	1 000 00	48.41
00/10	ONLINE Reference # 006364		1,000.00	1,048.41
06/18	DEBIT CARD (POS) Card Ending in 3418	27,76		1,020.65
00140	CVS 02737 02737-125th New York NYUS0015	,,, -		.,020.00
06/19	DEPOSIT		287.04	1,307.69
06/19	FUNDS TRANSFER ONLINE Reference # 001045		3,000.00 (	4,307.69
06/19	CHECK NO: 1874	3,000.00		1,307.69
	CHECK NO: 1872	800.00		507.69
	ACH DEBIT	1,580.00		1,072.31-
	ENVOY CORPORATIO DEP CONCEN 880142251 Jun 19	1,000.00		1,012.01
06/22			243.21	829.10-
06/22	FUNDS TRANSFER ONLINE Reference # 007322		1,500.00	670,90
06/22	CHECK NO: 1875	111.00	·	559.90
06/23		111.00	331.70	891.60
06/26		4,550.00	001.70	3,658.40-
06/29		1,000.00	461.13	3,197.27-
06/29	DEPOSIT		1,083.36	2,113.91-
06/29			4,000.00	1,886.09
00.000	ONLINE Reference # 008723		, , , , , , , , , , , , , , , , , , , ,	
06/29	DEBIT CARD PURCH Card Ending in 3418 73CYBBD4 3418 Jun 29	108.88		1,777.21
	TLF MICHAELS FLORIST A 7187981655 NY 15177			
06/29	CHECK NO: 1774	554.00		1,223.21
06/30			20.00	1,243.21
06/30			370.06	1,613.27
06/30	FUNDS TRANSFER/PAYMENT ONLINE Reference # 000760	1,200.00 <b>(</b>		413.27
	Total Debits/Credits	34,164.90	27,150.76	
	. Com: Posito Cionito	J4, IV4.3V	£1,100.70	

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CITICARE INC. OPERATING ACCOUNT **DEBTOR-IN-POSSESION 13-11902** 

Account 4/2/201 Statement Period: Jun 1 - Jun 30, 2015

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Checks Paid											
Check	Date	Amount	Check	_Date	Amount	Check	Date	Amount	Check	Date	Amount
1774	06/29	554.00	1859*	06/02	1,000.00	1860	06/03	721.22	1861	06/04	118.54
1862	06/02	176.92	1863	06/04	978.04	1864	06/05	1,600.00	1865	06/03	125.00
1867*	06/08	500.00	1868	06/08	2.500.00	1869	06/10	3,000.00	1870	06/09	544.38
1871	06/15	600.00	1872	06/19	800.00	1873	06/26	4.550.00	1874	06/19	3,000.00
1875	06/22	111.00			4.00	.0,0	J J, LO	1,000.00	1017	00/18	3,000.00

<sup>\*</sup> indicates gap in check number sequence

Number Checks Paid: 17

Totaling:

\$20,879.10

#### 

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JPMorgan Chase Bank, N.A. P O Box 659754 San Antonio, TX 78265 - 9754 May 30, 2015 through June 30, 2015

000000007 9626 Account Number:

#### **CUSTOMER SERVICE INFORMATION**

Web site: Chase.com Service Center: 1-800-242-7338 Deaf and Hard of Hearing: 1-800-242-7383 Para Espanol:

1-888-622-4273

International Calls:

1-713-262-1679



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CITICARE INC 154 W 127TH ST NEW YORK NY 10027-3739

#### Our worksheet for balancing your checkbook is now on chase.com

Beginning July 20, your statement will no longer include our worksheet for balancing your checkbook. You can still access this form on chase.com.

To find this guide online:

- 1. Go to chase.com/checking/account-tips
- Scroll down to the section titled Track Your Spending
- 3. Download the Balancing your Checkbook Worksheet

Please call us at the number on this statement if you have any questions.

#### **CHECKING SUMMARY**

Chase BusinessClassic

	I Instances	AMOUNT
Beginning Balance		\$15,609.95
Deposits and Additions	59	244,824.32 🗸
Checks Paid	29	- 156,800.47
ATM & Debit Card Withdrawals	41	- 19,895.47
Electronic Withdrawals	6	- 3,905.37
Fees and Other Withdrawals	35	- 75,121.00
Ending Balance	170	\$4,711.96

Your monthly service fee was waived because you maintained an average checking balance of \$7,500 or more during the statement period.

#### **DEPOSITS AND ADDITIONS**

DATE	DESCRIPTION			,	AMOUNT
06/01	Deposit	736836808		1	\$2,500.00
06/01	Deposit	734012541			847.97
06/01	Deposit	734012540			179.97
06/01	Ngs, Inc.	Hcclaimpmt 1790803328	CCD ID: A351840597		52.12
06/02	Ngs, Inc.	Hcclaimpmt 1790803328	CCD ID: A351840597		403.73
06/03	Ngs, Inc.	Hcclaimpmt 1790803328	CCD ID: A351840597		452,48
06/03	Wellcaren	yeaid Heclaimpmt 200184307	7053000 CCD ID: 9085270942		56.44

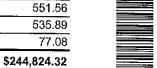


Account Number: 090000059626

06/04         Deposit         734112954           06/04         Nys Doh         Hcclaimpmt 03006668         CCI           06/05         Metroplus Health Hcclaimpmt 1790803328         CC           06/05         Metroplus Health Hcclaimpmt 133942051         C           06/05         Metroplus Health Hcclaimpmt 133942051         C           06/05         Wellcarenycaid         Hcclaimpmt 2001846693530           06/05         Metroplus Exchan Hcclaimpmt 133942051           06/05         Metroplus Exchan Hcclaimpmt 133942051           06/06         Chips Credit Via: Citibank N.A./0008 B/O: Entr Nbnf=Citicare Inc New York NY 10027-3722/A 33455 Ogb=Citibank NA Nybd C Iticorp Data S Obi=Working Capital Lo An Bbi=/Chgs/USDO, 0323325 Trn: 5881100159Fc           06/09         Deposit 1488277611           06/09         Wellcarenycaid Hcclaimpmt 2001849375530           06/10         Beacon Health Hcclaimpmt 1001677028530           06/10         Beacon Health Hcclaimpmt 03006668         CCI           06/11         Nys Doh         Hcclaimpmt 1790803328         CC           06/11         Wellcarenycaid Hcclaimpmt 1001680395530           06/12         Metroplus Health Hcclaimpmt 133942051         CCD I           06/12         Metroplus Partne Hcclaimpmt 133942051         CCD I           06/12         Metrop	CCD ID: 9236125002 epower Holdings LLC L 33455 Ref: cc-00000008077 Org=/00498728 7510 L Bys Englewood Cliffs N J 07632 1514 D0/Ocmt/USD75000, 00/Exch/1,0/ Ssn:  00 CCD ID: 9085270942 00 CCD ID: 9007455481 D: 3043324842 D ID: 1141797357 D ID: A351840597 00 CCD ID: 9085270942 00 CCD ID: 9085270942 00 CCD ID: 9085270942 CCD ID: 9236125002 CCD ID: 9236125002 CCD ID: 9236125002 CCD ID: 9236125002	130.64 4,243.60 8,048.81 1,134.88 436.10 266.65 44.70 7.67 75,000.00  737.89 57.72 24.21 4,950.43 11,050.05 1,499.25 57.72 1.51 9,193.26 5,792.89 667.97 30.98 274.69 2,314.81
06/04         Nys Doh         Hcclaimpmt 03006668         CCI           06/05         Metroplus Health Hcclaimpmt 133942051         06/05         Metroplus Health Hcclaimpmt 1790803328         CC           06/05         Metroplus Health Hcclaimpmt 133942051         06/05         Metroplus Exchan Hcclaimpmt 2001846693530           06/05         Metroplus Exchan Hcclaimpmt 133942051         06/08         Chips Credit Via: Citibank N.A./0008 B/O: Entr Nbnf=Citicare Inc New York NY 10027-3722/A 33455 Ogb=Citibank NA Nybd C Iticorp Data S Obi=Working Capital Lo An Bbi=/Chgs/USD0, 0323325 Trn: 5881100159Fc           06/09         Deposit 1488277611         06/09         Wellcarenycaid Hcclaimpmt 2001849375530           06/09         Wellcarenycaid Hcclaimpmt 1001677028530         06/10         Beacon Health Hcclaimpmt 03006668         CCI           06/10         Beacon Health Hcclaimpmt 1790803328         CC           06/11         Wellcarenycaid Hcclaimpmt 1001680395530           06/12         Metroplus Health Hcclaimpmt 133942051           06/12         Metroplus Health Hcclaimpmt 133942051           06/12         Metroplus Partne Hcclaimpmt 133942051           06/12         Metroplus Partne Hcclaimpmt 133942051           06/15         Card Purchase Return 06/12 Celtic Building           06/15         Ngs, Inc. Hcclaimpmt 1790803328         CC           06/16	CCD ID: 9236125002 D ID: A351840597 CCD ID: 9236125002 D CCD ID: 9236125002 D CCD ID: 9236125002 D CCD ID: 9236125002 D Epower Holdings LLC L 33455 Ref: C-000000008077 Org=/00498728 7510 L D CCD ID: 9000000000000000000000000000000000000	8,048.81 1,134.88 436.10 266.65 44.70 7.67 75,000.00 737.89 57.72 24.21 4,950.43 11,050.05 1,499.25 57.72 1.51 9,193.26 5,792.89 667.97 30.98 274.69
06/05         Metroplus Health Hoclaimpmt 133942051           06/05         Ngs, Inc.         Hoclaimpmt 1790803328         CC           06/05         Metroplus Health Hoclaimpmt 133942051         C           06/05         Wellcarenycaid         Hoclaimpmt 2001846693530           06/05         Metroplus Exchan Hoclaimpmt 133942051           06/05         Metroplus Exchan Hoclaimpmt 133942051           06/05         Chips Credit Via: Citibank N.A./0008 B/O: Entr Nbnf=Citicare Inc New York NY 10027-3722/A 33455 Ogb=Citibank NA Nybd C Iticorp Data S Obi=Working Capital Lo An Bbi=/Chgs/USDO, 0323325 Tm: 5881100159Fc           06/09         Deposit 1488277611           06/09         Wellcarenycaid Hoclaimpmt 2001849375530           06/09         Wellcarenycaid Hoclaimpmt 1001677028530           06/10         Beacon Health Hoclaimpmt 03006668         CCI           06/11         Nys Doh         Hoclaimpmt 1790803328         CC           06/11         Wellcarenycaid Hoclaimpmt 1001680395530         C           06/11         Metroplus Health Hoclaimpmt 133942051         C           06/12         Metroplus Health Hoclaimpmt 133942051         C           06/12         Metroplus Partne Hoclaimpmt 133942051         C           06/12         Metroplus Partne Hoclaimpmt 1790803328         C           06/15	CCD ID: 9236125002 D ID: A351840597 CCD ID: 9236125002 D CCD ID: 9236125002 D CCD ID: 9236125002 D CCD ID: 9236125002 D Epower Holdings LLC L 33455 Ref: C-000000008077 Org=/00498728 7510 L D CCD ID: 9000000000000000000000000000000000000	1,134.88 436.10 266.65 44.70 7.67 75,000.00  737.89 57.72 24.21 4,950.43 11,050.05 1,499.25 57.72 1.51 9,193.26 5,792.89 667.97 30.98 274.69
Ngs, Inc. Hoclaimpmt 1790803328 CC Metroplus Health Hoclaimpmt 133942051 Metroplus Exchan Hoclaimpmt 2001846693530 Metroplus Exchan Hoclaimpmt 133942051 Metroplus Exchan Hoclaimpmt 20027-3722/A Metroplus Hoclaimpmt 2001849375530 Metroplus Hoclaimpmt 2001849375530 Metroplus Hoclaimpmt 2001849375530 Metroplus Hoclaimpmt 1790803328 CC Metroplus Hoclaimpmt 1790803328 CC Metroplus Hoclaimpmt 133942051 Metroplus Hoclaimpmt 1790803328 CC	D ID: A351840597  CCD ID: 9236125002  00 CCD ID: 9085270942  CCD ID: 9236125002  epower Holdings LLC L 33455 Ref: cc-000000008077 Org=/00498728 7510 L  Bys Englewood Cliffs N J 07632 1514  D0/Ocmt/USD75000, 00/Exch/1,0/ Ssn:  00 CCD ID: 9085270942  00 CCD ID: 9087455481  D: 3043324842  D ID: 1141797357  D ID: A351840597  00 CCD ID: 9085270942  00 CCD ID: 9085270942  CCD ID: 9236125002  D: 3043324842  CCD ID: 9236125002  CCD ID: 9236125002  Suppli 914-6658864 NY Card 7201	436.10 266.65 44.70 7.67 75,000.00 737.89 57.72 24.21 4,950.43 11,050.05 1,499.25 57.72 1.51 9,193.26 5,792.89 667.97 30.98 274.69
Metroplus Health Hoclaimpmt 133942051 6/05 Wellcarenycaid Hoclaimpmt 2001846693530 6/05 Metroplus Exchan Hoclaimpmt 133942051 6/08 Chips Credit Via: Citibank N.A./0008 B/O: Entroplus Exchan Hoclaimpmt 133942051 6/08 Chips Credit Via: Citibank N.A./0008 B/O: Entroplus Exchan Hoclaimpmt 133942051 6/08 Chips Credit Via: Citibank N.A./0008 B/O: Entroplus Exchan Hoclaimpmt 10027-3722/A 33455 Ogb=Citibank NA Nybd C Iticorp Data S Obi=Working Capital Lo An Bbi=/Chgs/USD0, 0323325 Trn: 5881100159Fc 6/09 Deposit 1488277611 6/09 Wellcarenycaid Hoclaimpmt 2001849375530 6/10 Beacon Health Hoclaimpmt 1001677028530 6/10 Beacon Health Hoclaimpmt 03006668 CCI 6/11 Ngs, Inc. Hoclaimpmt 1790803328 CC 6/11 Wellcarenycaid Hoclaimpmt 1001680395530 6/12 Metroplus Health Hoclaimpmt 133942051 6/12 Beacon Health Hoclaimpmt 133942051 6/12 Metroplus Health Hoclaimpmt 133942051 6/14 Metroplus Partne Hoclaimpmt 133942051 6/15 Card Purchase Return 06/12 Celtic Building 6/15 Ngs, Inc. Hoclaimpmt 1790803328 CC 6/16 Wellcarenycaid Hoclaimpmt 1790803328 CC 6/16 Ngs, Inc. Hoclaimpmt 1790803328 CC 6/16 Wellcarenycaid Hoclaimpmt 1790803328 CC	CCD ID: 9236125002 00 CCD ID: 9085270942 CCD ID: 9236125002 repower Holdings LLC L 33455 Ref: cc-000000008077 Org=/00498728 7510 L Bys Englewood Cliffs N J 07632 1514 D0/Ocmt/USD75000, 00/Exch/1,0/ Ssn:  00 CCD ID: 9085270942 00 CCD ID: 9007455481 D: 3043324842 D ID: 1141797357 D ID: A351840597 00 CCD ID: 9085270942 00 CCD ID: 9085270942 00 CCD ID: 9085270942 CCD ID: 9236125002 D: 3043324842 CCD ID: 9236125002 CCD ID: 9236125002 Suppli 914-6658864 NY Card 7201	266.65 44.70 7.67 75,000.00  737.89 57.72 24.21 4,950.43 11,050.05 1,499.25 57.72 1.51 9,193.26 5,792.89 667.97 30.98 274.69
Metroplus Exchan Hcclaimpmt 133942051 Metroplus Exchan Hcclaimpmt 133942051 Molos Chips Credit Via: Citibank N.A./0008 B/O: Entry Nonf=Citicare Inc New York NY 10027-3722/A 33455 Ogb=Citibank NA Nybd C Iticorp Data S Obi=Working Capital Lo An Bbi=/Chgs/USD0, 0323325 Trn: 5881100159Fc Deposit 1488277611 Mellcarenycaid Hcclaimpmt 2001849375530 Mellcarenycare Hcclaimpmt 1001677028530 Mellcarenycare Hcclaimpmt 03006668 CCI Nys Doh Hcclaimpmt 1790803328 CC Mellcarenycaid Hcclaimpmt 1790803328 CC Mellcarenycaid Hcclaimpmt 133942051 Metroplus Health Hcclaimpmt 133942051 Metroplus Health Hcclaimpmt 133942051 Metroplus Partne Hcclaimpmt 133942051 Metroplus Partne Hcclaimpmt 133942051 Mellcarenycaid Hcclaimpmt 1790803328 CC Mellcarenycaid Hcclaimpmt 133942051 Metroplus Partne Hcclaimpmt 133942051 Metroplus Partne Hcclaimpmt 1790803328 CC Mellcarenycaid Hcclaimpmt 1790803328 CC	00 CCD ID: 9085270942 CCD ID: 9236125002 repower Holdings LLC L 33455 Ref: c-00000008077 Org=/00498728 7510 L Sys Englewood Cliffs N J 07632 1514 00/Ocmt/USD75000, 00/Exch/1,0/ Ssn:  00 CCD ID: 9085270942 00 CCD ID: 9007455481 D: 3043324842 D ID: 1141797357 D ID: A351840597 00 CCD ID: 9085270942 00 CCD ID: 9085270942 00 CCD ID: 9085270942 CCD ID: 9236125002 D: 3043324842 CCD ID: 9236125002 CCD ID: 9236125002 Suppli 914-6658864 NY Card 7201	44.70 7.67 75,000.00 737.89 57.72 24.21 4,950.43 11,050.05 1,499.25 57.72 1.51 9,193.26 5,792.89 667.97 30.98 274.69
Metroplus Exchan Hcclaimpmt 133942051 Chips Credit Via: Citibank N.A./0008 B/O: Entr Nbnf=Citicare Inc New York NY 10027-3722/A 33455 Ogb=Citibank NA Nybd C Iticorp Data S Obi=Working Capital Lo An Bbi=/Chgs/USD0, 0323325 Trn: 5881100159Fc Deposit 1488277611 De/09 Wellcarenycaid Hcclaimpmt 2001849375530 De/09 Wellcarenycare Hcclaimpmt 1001677028530 De/09 Wellcarenycare Hcclaimpmt 03006668 CCI De/10 Nys Doh Hcclaimpmt 03006668 CCI De/11 Nys Doh Hcclaimpmt 1790803328 CC De/11 Wellcarenycaid Hcclaimpmt 1001680395530 De/12 Metroplus Health Hcclaimpmt 133942051 De/12 Metroplus Health Hcclaimpmt 133942051 De/12 Metroplus Health Hcclaimpmt 133942051 De/12 Metroplus Partne Hcclaimpmt 133942051 De/12 Metroplus Partne Hcclaimpmt 1790803328 CC De/15 Card Purchase Return 06/12 Celtic Building Ngs, Inc. Hcclaimpmt 1790803328 CC De/16 Wellcarenycaid Hcclaimpmt 2001855336530 De/16 Ngs, Inc. Hcclaimpmt 1790803328 CC De/16 Wellcarenycaid Hcclaimpmt 1790803328 CC	CCD ID: 9236125002 epower Holdings LLC L 33455 Ref: cc-000000008077 Org=/00498728 7510 L Sys Englewood Cliffs N J 07632 1514 D0/Ocmt/USD75000, 00/Exch/1,0/ Ssn:  00 CCD ID: 9085270942 00 CCD ID: 9007455481 D: 3043324842 D ID: 1141797357 D ID: A351840597 00 CCD ID: 9085270942 00 CCD ID: 9085270942 00 CCD ID: 9085270942 CCD ID: 9236125002 D: 3043324842 CCD ID: 9236125002 CCD ID: 9236125002 Suppli 914-6658864 NY Card 7201	7.67 75,000.00 737.89 57.72 24.21 4,950.43 11,050.05 1,499.25 57.72 1.51 9,193.26 5,792.89 667.97 30.98 274.69
Chips Credit Via: Citibank N.A./0008 B/O: Entr Nbnf=Citicare Inc New York NY 10027-3722/A 33455 Ogb=Citibank NA Nybd C Iticorp Data S Obi=Working Capital Lo An Bbi=/Chgs/USD0,0 0323325 Trn: 5881100159Fc Deposit 1488277611 Wellcarenycaid Hcclaimpmt 2001849375530 Wellcarenycare Hcclaimpmt 1001677028530 Beacon Health Hcclaimpmt 03006668 CCI 06/10 Beacon Health Hcclaimpmt 03006668 CCI 06/11 Nys Doh Hcclaimpmt 1790803328 CC 06/11 Wellcarenycaid Hcclaimpmt 1001680395530 Wellcarenycare Hcclaimpmt 1001680395530 Wellcarenycare Hcclaimpmt 133942051 Wellcarenycare Hcclaimpmt 133942051 D6/12 Metroplus Health Hcclaimpmt 133942051 D6/12 Metroplus Partne Hcclaimpmt 133942051 D6/15 Card Purchase Return 06/12 Celtic Building Ngs, Inc. Hcclaimpmt 1790803328 CC D6/16 Wellcarenycaid Hcclaimpmt 2001855336530 D6/16 Ngs, Inc. Hcclaimpmt 1790803328 CC D6/16 Wellcarenycaid Hcclaimpmt 2001857185530 Wellcarenycaid Hcclaimpmt 2001857185530 Wellcarenycaid Hcclaimpmt 1790803328 CC	repower Holdings LLC L 33455 Ref:  cc-000000008077 Org=/00498728 7510 L  Bys Englewood Cliffs N J 07632 1514  D0/Ocmt/USD75000, 00/Exch/1,0/ Ssn:  D0 CCD ID: 9085270942  D0 CCD ID: 9007455481  D: 3043324842  D ID: 1141797357  D ID: A351840597  D0 CCD ID: 9085270942  00 CCD ID: 9085270942  CCD ID: 9236125002  D: 3043324842  CCD ID: 9236125002  CCD ID: 9236125002  Suppli 914-6658864 NY Card 7201	75,000.00  737.89  57.72  24.21  4,950.43  11,050.05  1,499.25  57.72  1.51  9,193.26  5,792.89  667.97  30.98  274.69
06/09         Wellcarenycaid         Hcclaimpmt 2001849375530           06/09         Wellcarenycare         Hcclaimpmt 1001677028530           06/10         Beacon Health         Hcclaimpmt 03006668         CCI           06/11         Nys Doh         Hcclaimpmt 1790803328         CC           06/11         Wellcarenycaid         Hcclaimpmt 2001852249530           06/11         Wellcarenycare         Hcclaimpmt 1001680395530           06/12         Metroplus Health Hcclaimpmt 133942051           06/12         Metroplus Health Hcclaimpmt 133942051           06/12         Metroplus Partne Hcclaimpmt 133942051           06/12         Metroplus Partne Hcclaimpmt 133942051           06/15         Card Purchase Return 06/12 Celtic Building           06/15         Ngs, Inc.         Hcclaimpmt 1790803328         CC           06/16         Ngs, Inc.         Hcclaimpmt 1790803328         CC           06/16         Ngs, Inc.         Hcclaimpmt 2001857185530           06/16         Wellcarenycaid Hcclaimpmt 2001857185530           06/16         Wellcarenycaid Hcclaimpmt 1790803328         CC           06/16         Wellcarenycaid Hcclaimpmt 1790803328         CC	00 CCD ID: 9007455481 D: 3043324842 D ID: 1141797357 D ID: A351840597 00 CCD ID: 9085270942 00 CCD ID: 9007455481 CCD ID: 9236125002 D: 3043324842 CCD ID: 9236125002 CCD ID: 9236125002 Suppli 914-6658864 NY Card 7201	57.72 24.21 4,950.43 11,050.05 1,499.25 57.72 1.51 9,193.26 5,792.89 667.97 30.98 274.69
06/09         Wellcarenycare         Hcclaimpmt         1001677028530           06/10         Beacon Health         Hcclaimpmt         CCD I           06/11         Nys Doh         Hcclaimpmt 03006668         CCI           06/11         Ngs, Inc.         Hcclaimpmt 1790803328         CC           06/11         Wellcarenycaid         Hcclaimpmt 2001852249530           06/11         Wellcarenycare         Hcclaimpmt 1001680395530           06/12         Metroplus Health         Hcclaimpmt 133942051           06/12         Beacon Health         Hcclaimpmt 133942051           06/12         Metroplus Partne         Hcclaimpmt 133942051           06/12         Metroplus Partne         Hcclaimpmt 133942051           06/15         Card Purchase Return         06/12 Celtic Building           06/15         Ngs, Inc.         Hcclaimpmt 1790803328         CC           06/15         Wellcarenycaid         Hcclaimpmt 1790803328         CC           06/16         Ngs, Inc.         Hcclaimpmt 1790803328         CC           06/16         Wellcarenycaid         Hcclaimpmt 2001857185530           06/16         Wellcarenycaid         Hcclaimpmt 1790803328         CC           06/16         Wellcarenycaid         Hcclaimpmt 17908	00 CCD ID: 9007455481 D: 3043324842 D ID: 1141797357 D ID: A351840597 00 CCD ID: 9085270942 00 CCD ID: 9007455481 CCD ID: 9236125002 D: 3043324842 CCD ID: 9236125002 CCD ID: 9236125002 Suppli 914-6658864 NY Card 7201	24.21 4,950.43 11,050.05 1,499.25 57.72 1.51 9,193.26 5,792.89 667.97 30.98 274.69
06/10         Beacon Health         Hoclaimpmt         CCD I           06/11         Nys Doh         Hoclaimpmt 03006668         CCI           06/11         Ngs, Inc.         Hoclaimpmt 1790803328         CC           06/11         Wellcarenycaid         Hoclaimpmt 2001852249530           06/11         Wellcarenycare         Hoclaimpmt 1001680395530           06/12         Metroplus Health         Hoclaimpmt 133942051           06/12         Beacon Health         Hoclaimpmt 133942051           06/12         Metroplus Partne         Hoclaimpmt 133942051           06/12         Metroplus Partne         Hoclaimpmt 133942051           06/15         Card Purchase Return         06/12 Celtic Building           06/15         Ngs, Inc.         Hoclaimpmt 1790803328         CC           06/15         Wellcarenycaid         Hoclaimpmt 1790803328         CC           06/16         Ngs, Inc.         Hoclaimpmt 1790803328         CC           06/16         Wellcarenycaid         Hoclaimpmt 2001857185530           06/16         Wellcarenycaid         Hoclaimpmt 1790803328         CC           06/16         Wellcarenycaid         Hoclaimpmt 1790803328         CC	D: 3043324842 D ID: 1141797357 D ID: A351840597 00 CCD ID: 9085270942 00 CCD ID: 9007455481 CCD ID: 9236125002 D: 3043324842 CCD ID: 9236125002 CCD ID: 9236125002 Suppli 914-6658864 NY Card 7201	4,950.43 11,050.05 1,499.25 57.72 1.51 9,193.26 5,792.89 667.97 30.98 274.69
Nys Doh         Hcclaimpmt 03006668         CCI           06/11         Ngs, Inc.         Hcclaimpmt 1790803328         CC           06/11         Wellcarenycaid         Hcclaimpmt 2001852249530           06/11         Wellcarenycare         Hcclaimpmt 1001680395530           06/12         Metroplus Health Hcclaimpmt 133942051           06/12         Metroplus Health Hcclaimpmt 133942051           06/12         Metroplus Partne Hcclaimpmt 133942051           06/12         Metroplus Partne Hcclaimpmt 133942051           06/15         Card Purchase Return 06/12 Celtic Building           06/15         Ngs, Inc.         Hcclaimpmt 1790803328         CC           06/15         Wellcarenycaid Hcclaimpmt 2001855336530           06/16         Ngs, Inc.         Hcclaimpmt 1790803328         CC           06/16         Wellcarenycaid Hcclaimpmt 2001857185530           06/16         Wellcarenycaid Hcclaimpmt 1001685453530           06/16         Wellcarenycare Hcclaimpmt 1790803328         CC	D ID: 1141797357 D ID: A351840597 00 CCD ID: 9085270942 00 CCD ID: 9007455481 CCD ID: 9236125002 D: 3043324842 CCD ID: 9236125002 CCD ID: 9236125002 Suppli 914-6658864 NY Card 7201	4,950.43 11,050.05 1,499.25 57.72 1.51 9,193.26 5,792.89 667.97 30.98 274.69
6/11         Ngs, Inc.         Heclaimpmt 1790803328         CC           6/11         Wellcarenycald         Heclaimpmt 2001852249530           6/11         Wellcarenycare         Heclaimpmt 1001680395530           6/12         Metroplus Health Heclaimpmt 133942051           6/12         Metroplus Health Heclaimpmt 133942051           6/12         Metroplus Partne Heclaimpmt 133942051           6/15         Card Purchase Return 06/12 Celtic Building           6/15         Ngs, Inc.         Heclaimpmt 1790803328         CC           6/15         Wellcarenycaid Heclaimpmt 2001855336530           6/16         Ngs, Inc.         Heclaimpmt 1790803328         CC           6/16         Wellcarenycaid Heclaimpmt 2001857185530           6/16         Wellcarenycaid Heclaimpmt 1001685453530           6/16         Wellcarenycare Heclaimpmt 1790803328         CC	D ID: A351840597 00 CCD ID: 9085270942 00 CCD ID: 9007455481 CCD ID: 9236125002 D: 3043324842 CCD ID: 9236125002 CCD ID: 9236125002 Suppli 914-6658864 NY Card 7201	11,050.05 1,499.25 57.72 1.51 9,193.26 5,792.89 667.97 30.98 274.69
6/11         Wellcarenycaid         Hoclaimpmt 2001852249530           6/11         Wellcarenycare         Hoclaimpmt 1001680395530           6/12         Metroplus Health Hoclaimpmt 133942051         Georgia           6/12         Beacon Health Hoclaimpmt 133942051         Georgia           6/12         Metroplus Health Hoclaimpmt 133942051         Georgia           6/12         Metroplus Partne Hoclaimpmt 133942051         Georgia           6/15         Card Purchase Return 06/12 Celtic Building         Georgia           6/15         Ngs, Inc. Hoclaimpmt 1790803328         CC           6/16         Deposit 734262756           6/16         Ngs, Inc. Hoclaimpmt 1790803328         CC           6/16         Wellcarenycaid Hoclaimpmt 2001857185530           6/16         Wellcarenycaid Hoclaimpmt 1001685453530           6/16         Wellcarenycare Hoclaimpmt 1790803328         CC	00 CCD ID: 9085270942 00 CCD ID: 9007455481 CCD ID: 9236125002 D: 3043324842 CCD ID: 9236125002 CCD ID: 9236125002 Suppli 914-6658864 NY Card 7201	57.72 1.51 9,193.26 5,792.89 667.97 30.98 274.69
6/11         Wellcarenycare         Hodaimpmt 1001680395530           6/12         Metroplus Health Hodaimpmt 133942051           6/12         Beacon Health Hodaimpmt 133942051           6/12         Metroplus Health Hodaimpmt 133942051           6/12         Metroplus Partne Hodaimpmt 133942051           6/15         Card Purchase Return 06/12 Celtic Building           6/15         Ngs, Inc. Hodaimpmt 1790803328         CC           6/15         Wellcarenycaid Hodaimpmt 2001855336530           6/16         Ngs, Inc. Hodaimpmt 1790803328         CC           6/16         Wellcarenycaid Hodaimpmt 2001857185530           6/16         Wellcarenycaid Hodaimpmt 1001685453530           6/16         Wellcarenycare Hodaimpmt 1790803328         CC           6/17         Ngs, Inc. Hodaimpmt 1790803328         CC	00 CCD ID: 9007455481 CCD ID: 9236125002 D: 3043324842 CCD ID: 9236125002 CCD ID: 9236125002 Suppli 914-6658864 NY Card 7201	1.51 9,193.26 5,792.89 667.97 30.98 274.69
6/12         Metroplus Health Hcclaimpmt 133942051           16/12         Beacon Health Hcclaimpmt 133942051           16/12         Metroplus Health Hcclaimpmt 133942051           16/12         Metroplus Partne Hcclaimpmt 133942051           16/15         Card Purchase Return 06/12 Celtic Building           16/15         Ngs, Inc. Hcclaimpmt 1790803328         CC           16/15         Wellcarenycaid Hcclaimpmt 2001855336530           16/16         Deposit 734262756           16/16         Ngs, Inc. Hcclaimpmt 1790803328         CC           16/16         Wellcarenycaid Hcclaimpmt 2001857185530           16/16         Wellcarenycare Hcclaimpmt 1001685453530           16/17         Ngs, Inc. Hcclaimpmt 1790803328         CC	CCD ID: 9236125002 D: 3043324842 CCD ID: 9236125002 CCD ID: 9236125002 Suppli 914-6658864 NY Card 7201	9,193.26 5,792.89 667.97 30.98 274.69
6/12         Beacon Health         Hcclaimpmt         CCD I           6/12         Metroplus Health         Hcclaimpmt         133942051           6/12         Metroplus Partne         Hcclaimpmt         133942051           6/15         Card Purchase Return         06/12 Celtic Building           6/15         Ngs, Inc.         Hcclaimpmt         1790803328         CC           6/15         Wellcarenycaid         Hcclaimpmt         2001855336530           6/16         Deposit         734262756           6/16         Ngs, Inc.         Hcclaimpmt         1790803328         CC           6/16         Wellcarenycaid         Hcclaimpmt         2001857185530           6/16         Wellcarenycare         Hcclaimpmt         1001685453530           6/16         Ngs, Inc.         Hcclaimpmt         1790803328         CC	D: 3043324842 CCD ID: 9236125002 CCD ID: 9236125002 Suppli 914-6658864 NY Card 7201	5,792.89 667.97 30.98 274.69
6/12         Metroplus Health Hcclaimpmt 133942051           6/12         Metroplus Partne Hcclaimpmt 133942051           6/15         Card Purchase Return 06/12 Celtic Building           6/15         Ngs, Inc. Hcclaimpmt 1790803328 CC           6/15         Wellcarenycaid Hcclaimpmt 2001855336530           6/16         Deposit 734262756           6/16         Ngs, Inc. Hcclaimpmt 1790803328 CC           6/16         Wellcarenycaid Hcclaimpmt 2001857185530           6/16         Wellcarenycare Hcclaimpmt 1001685453530           6/17         Ngs, Inc. Hcclaimpmt 1790803328 CC	CCD ID: 9236125002 CCD ID: 9236125002 Suppli 914-6658864 NY Card 7201	667.97 30.98 274.69
6/12         Metroplus Partne Hcclaimpmt 133942051           6/15         Card Purchase Return 06/12 Celtic Building           6/15         Ngs, Inc. Hcclaimpmt 1790803328 CC           6/15         Wellcarenycaid Hcclaimpmt 2001855336530           6/16         Deposit 734262756           6/16         Ngs, Inc. Hcclaimpmt 1790803328 CC           6/16         Wellcarenycaid Hcclaimpmt 2001857185530           6/16         Wellcarenycare Hcclaimpmt 1001685453530           6/17         Ngs, Inc. Hcclaimpmt 1790803328 CC	CCD ID: 9236125002 Suppli 914-6658864 NY Card 7201	30.98 274.69
6/15 Card Purchase Return 06/12 Celtic Building 6/15 Ngs, Inc. Hcclaimpmt 1790803328 CC 6/15 Wellcarenycaid Hcclaimpmt 2001855336530 6/16 Deposit 734262756 6/16 Ngs, Inc. Hcclaimpmt 1790803328 CC 6/16 Wellcarenycaid Hcclaimpmt 2001857185530 6/16 Wellcarenycare Hcclaimpmt 1001685453530 6/17 Ngs, Inc. Hcclaimpmt 1790803328 CC	Suppli 914-6658864 NY Card 7201	274.69
6/15 Ngs, Inc. Hcclaimpmt 1790803328 CC 6/15 Wellcarenycaid Hcclaimpmt 2001855336530 6/16 Deposit 734262756 6/16 Ngs, Inc. Hcclaimpmt 1790803328 CC 6/16 Wellcarenycaid Hcclaimpmt 2001857185530 6/16 Wellcarenycare Hcclaimpmt 1001685453530 6/17 Ngs, Inc. Hcclaimpmt 1790803328 CC		
6/15 Wellcarenycaid Hcclaimpmt 2001855336530 6/16 Deposit 734262756 6/16 Ngs, Inc. Hcclaimpmt 1790803328 CC 6/16 Wellcarenycaid Hcclaimpmt 2001857185530 6/16 Wellcarenycare Hcclaimpmt 1001685453530 6/17 Ngs, Inc. Hcclaimpmt 1790803328 CC	D ID: A361940607	2.314.81
6/16 Deposit 734262756 6/16 Ngs, Inc. Hcclaimpmt 1790803328 CC 6/16 Wellcarenycaid Hcclaimpmt 2001857185530 6/16 Wellcarenycare Hcclaimpmt 1001685453530 6/17 Ngs, Inc. Hcclaimpmt 1790803328 CC		=,011101
6/16         Ngs, Inc.         Heclaimpmt 1790803328         CC           6/16         Wellcarenycaid         Heclaimpmt 2001857185530           6/16         Wellcarenycare         Heclaimpmt 1001685453530           6/17         Ngs, Inc.         Heclaimpmt 1790803328         CC	00 CCD ID: 9085270942	57.72
06/16 Wellcarenycaid Hcclaimpmt 2001857185530 06/16 Wellcarenycare Hcclaimpmt 1001685453530 06/17 Ngs, Inc. Hcclaimpmt 1790803328 CC		1,700.00
6/16 Wellcarenycare Hcclaimpmt 1001685453530 6/17 Ngs, Inc. Hcclaimpmt 1790803328 CC	D ID: A351840597	1,630.43
6/17 Ngs, Inc. Hcclaimpmt 1790803328 CC		80.80
· · · · · · · · · · · · · · · · · · ·		16.21
6/18 Insufficient Funds Fee Refund	D ID: A351840597	601.40
0110		34.00
	D ID: 1141797357	21,094.00
	D ID: A351840597	962.89
	D ID: 1141797357	50.84
	D: 3043324842	46,499.31
The state of the s	CCD ID: 9236125002	10,850.35
	D ID: A351840597	1,343.90
	CCD ID: 9236125002	267.12
6/19 Metroplus Exchan Hoclaimpmt 133942051	CCD ID: 9236125002	65.96
	CCD ID: 9236125002	55.00
	CCD ID: 9236125002	25.96
	D ID: A351840597	479.97
	D ID: A351840597	193.92
6/25         Beacon Health         Hcclaimpmt         CCD I           6/25         Nys Doh         Hcclaimpmt 03006668         CCI	D: 3043324842	7,616.39 5,599.42



DEPO	DSITS AND ADDITIONS (continued)	
<b>DATE</b> 06/25	DESCRIPTION Nys Doh Hcclaimpmt 03006668 CCD ID: 1141797357	AMOUNT 4,523.75
06/25	Wellcarenycaid Hcclaimpmt 200186624853000 CCD ID: 9085270942	100.07
06/25	Wellcarenycare Hcclaimpmt 100169569653000 CCD ID: 9007455481	1,51
06/25	Nys Doh Hcclaimpmt 03006668 CCD ID: 1141797357	0.05
06/26	Metroplus Health Hcclaimpmt 133942051 CCD ID: 9236125002	9,349.68
06/26	Metroplus Health Hcclaimpmt 133942051 CCD ID: 9236125002	551.56
06/26	Ngs, Inc. Hcclaimpmt 1790803328 CCD ID: A351840597	535.89
06/26	Metroplus Health Hcclaimpmt 133942051 CCD ID: 9236125002	77.08
Total De	posits and Additions	\$244,824,32



#### **CHECKS PAID**

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
1405 ^		06/24	\$2,251.54
1451 * ^		06/04	3,687.25
1455 * ^		06/01	3,000.00
1457 * ^		06/01	5,000.00
1459 * ^		06/01	5,400.00
1461 * ^		06/11	64,174.92
1463 * ^		06/08	2,000.60
1465 * ^		06/08	10,065.00
1466 ^		06/08	915.00
1467 ^		06/18	1,457.50
1468 ^		06/12	2,500.00
1469 ^		06/16	2,500.00
1471 * ^		06/15	3,000.00
1472 ^		06/22	3,000.00
1473 ^		06/22	6,651.53
1474 ^	06/19	06/19	3,780.00
1475 ^		06/22	5,600.00
1476 ^		06/22	2,000.00
1477 ^		06/22	1,243.81
1478 ^		06/22	4,606.43
1479 ^		06/19	5,000.00
1480 ^		06/22	5,000.00
1481 ^		06/22	1,316.00





Account Number: 9626

**CHECKS PAID** 

(continued)

снеск NO. 1482 ^	DESCRIPTION	<b>DATE</b> <b>PAID</b> 06/29	AMOUNT 458,39
1485 * ^		06/29	4,500.00
1487 * ^		06/29	3,000.00
1488 ^		06/29	1,690.00
1489 ^	06/27	06/29	1,000.00
1490 ^		06/29	2,002.50

Total Checks Paid \$156,800.47

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

<sup>^</sup> An image of this check may be available for you to view on Chase.com.

<b>DATE</b> 06/01	DESCRIPTION Card Purchase 05/29 Kc Electric Hardware CO New York NY Card 8229	AMOUNT
06/01	Card Purchase 05/29 Logo Mechanical Inc Flushing NY Card 7201	\$958.32
06/02	Non-Chase ATM Withdraw 06/02 302 Lenox Ave New York NY Card 8229	3,300.26
06/02	Non-Chase ATM Withdraw 06/03 302 Lenox Ave New York NY Card 8229	277.00 29.50
06/03	Non-Chase ATM Withdraw 06/03 302 Lenox Ave New York NY Card 8229	247.50
06/04	Recurring Card Purchase 06/03 Uber 866-576-1039 CA Card 8229	
06/05	ATM Withdrawal 06/05 3333 State Route 27 Franklin Park NJ Card 7201	2.00 300.00
06/08	Non-Chase ATM Withdraw 06/08 302 Lenox Ave New York NY Card 8229	277.00
06/08	Card Purchase With Pin 06/08 Staples, Inc New York NY Card 8229	112.13
06/08	Recurring Card Purchase 06/07 Uber Technologies Inc 866-576-1039 CA Card 8229	9.69
06/08	Recurring Card Purchase 06/06 Uber 866-576-1039 CA Card 8229	8.00
06/10	Card Purchase 06/09 Celtic Building Suppli 914-6658864 NY Card 7201	1,042.28
06/10	Non-Chase ATM Withdraw 06/10 302 Lenox Ave New York NY Card 8229	277.00
06/10	Non-Chase ATM Withdraw 06/10 302 Lenox Ave New York NY Card 8229	277.00
06/11	ATM Withdrawal 06/11 322 W 125th St New York NY Card 8229	280.00
06/11	Recurring Card Purchase 06/10 Uber 866-576-1039 CA Card 8229	8.13
06/15	Card Purchase 06/12 Celtic Building Suppli 914-6658864 NY Card 7201	274.69
06/15	Card Purchase 06/13 3D Hvac Supplies Corp Flushing NY Card 7201	3,300.00
06/15	Card Purchase 06/13 3D Hvac Supplies Corp Flushing NY Card 7201	559.62
06/15	Non-Chase ATM Withdraw 06/15 302 Lenox Ave New York NY Card 8229	277.00
06/15	Recurring Card Purchase 06/13 Uber 866-576-1039 CA Card 8229	17.41
06/15	Recurring Card Purchase 06/15 Uber Technologies Inc 866-576-1039 CA Card 8229	14.96
06/16	Card Purchase 06/15 Celtic Building Suppli 914-6658864 NY Card 7201	274.69
06/17	Non-Chase ATM Withdraw 06/17 302 Lenox Ave New York NY Card 8229	277.00
06/18	Card Purchase 06/17 Chelsea Mobility And ME New York NY Card 8229	36.00
06/18	Card Purchase With Pin 06/18 Trader Joe's #542 New York NY Card 8229	151,39
06/18	Recurring Card Purchase 06/17 Uber 866-576-1039 CA Card 8229	56.13
06/19	Recurring Card Purchase 06/18 Uber 866-576-1039 CA Card 8229	23.45
06/22	Card Purchase 06/19 Celtic Building Suppli 914-6658864 NY Card 7201	317.89
06/22	ATM Withdrawal 06/20 2 Penn Plz New York NY Card 8229	500.00
06/22	Non-Chase ATM Withdraw 06/22 302 Lenox Ave New York NY Card 8229	277.00

<sup>\*</sup> All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.

CHASE 🗘

**Total ATM & Debit Card Withdrawals** 

May 30, 2015 through June 30, 2015

ATM	I & DEBIT CARD WITHDRAWALS (continued)	
DATE	DESCRIPTION	AMOUNT
06/22	Card Purchase With Pin 06/22 Staples, Inc New York NY Card 8229	134.99
06/23	Card Purchase 06/22 Onewebhosting Com 800-446-7846 CA Card 8229	24.95
06/23	Card Purchase 06/22 Avid Waste Systems Inc 718-9919700 NY Card 8229	489,94
06/23	Non-Chase ATM Withdraw 06/23 302 Lenox Ave New York NY Card 8229	277.00
06/24	Non-Chase ATM Withdraw 06/24 302 Lenox Ave New York NY Card 8229	167.00
06/25	Card Purchase 06/24 Capital Premium Finan 801-571-0775 UT Card 8229	1,318.69
06/26	Card Purchase 06/24 Metrocard Extended Sa 888-345-3882 NY Card 8229	1,375.00
06/26	ATM Withdrawal 06/26 55 W 125th St New York NY Card 7201	500.00
06/30	Card Purchase 06/29 Kc Electric Hardware CO New York NY Card 7201	969.53
06/30	Card Purchase 06/29 Celtic Building Suppli 914-6658864 NY Card 8229	875.33



\$19,895.47

ATM & DEE	BIT CARD SUMMARY	
Ashley A Umukoro	Card 3884	
	Total ATM Withdrawals & Debits	\$0.00
	Total Card Purchases	\$0.00
	Total Card Deposits & Credits	\$130.64
Silva Umukoro Car	rd 7201	
	Total ATM Withdrawals & Debits	\$800.00
	Total Card Purchases	\$10,038.96
	Total Card Deposits & Credits	\$274.69
Ashley A Umukoro	Card 8229	
	Total ATM Withdrawals & Debits	\$3,440.00
	Total Card Purchases	\$5,616.51
	Total Card Deposits & Credits	\$0.00
ATM & Debit Card 1	Tota <b>ls</b>	
	Total ATM Withdrawals & Debits	\$4,240.00
•	Total Card Purchases	\$15,655.47
	Total Card Deposits & Credits	\$405.33



DATE DESCRIPTION	AMOUNT
06/01 Mtatb Online ACH ACH Tran 2P-201148016 Web ID: 2136002961	\$605.00
06/12 Paychex-Hrs Hrs Pmt 20753724 CCD ID: 2555124166	208.00
06/22 Xchange Telecom Sigonfile 05BW43 PPD ID: 9000157173	1,536.97
06/22 Mtatb Rebill Ac ACH Tran 2P-203604720 PPD ID: 1136002961	605.00
06/29 Capital One Online Pmt 517839919107585 CCD ID: 9279744991	500.00
06/29 Nyc Water Bd/Dep Water&Swr 01130096062515 Web ID: 1133315277	450.40
Total Electronic Withdrawals	\$3,905.37
FEES AND OTHER WITHDRAWALS	
DATE DESCRIPTION	AMOUNT
06/02 Non-Chase ATM Fee-With	\$2.00
06/03	1,100.00
06/03 Non-Chase ATM Fee-With	2.00
06/03 Non-Chase ATM Fee-With	2.00
06/04	500.00
06/04	7,500.00
06/08	1,500.00
06/08	10,000.00
06/08 Incoming Domestic Wire Fee	15.00
06/08 Stop Pay Renewal Fee	4.00
06/08 Non-Chase ATM Fee-With	2.00
06/10 Non-Chase ATM Fee-With	2.00
06/10 Non-Chase ATM Fee-With	2.00
06/11	4,800.00
06/11 Official Checks Charge	8.00
06/12	2,500.00
06/12 Official Checks Charge	8.00
06/12 Stop Pay Renewal Fee	4.00
06/15	1,000,00
06/15	4,700.00
06/15 Official Checks Charge	8,00
06/15 Non-Chase ATM Fee-With	2.00
06/15 Returned Item Fee For An Unpaid Check #1469 IN The Amount of \$2,500.00	34.00
06/17 Non-Chase ATM Fee-With	2.00
06/17 Returned Item Fee For An Unpaid Check #1467 IN The Amount of \$1,457.50	34.00
06/18	2,800.00
06/18	15,000.00
06/19	280.00
06/22 Non-Chase ATM Fee-With	2.00
06/23 Non-Chase ATM Fee-With	2.00
06/24 Non-Chase ATM Fee-With	2.00
06/25 06/25 Withdrawal	15,000.00
06/25 Stop Pay Renewal Fee	4.00
06/30	2,500.00
	5,800.00
06/30 06/30 Withdrawal	* 1.0101111



DAILY ENDING BALANCE

May 30, 2015 through June 30, 2015

Account Number: 9626

			-
DATE	AMOUNT	DATE	AMOUNT
06/01	\$926.43	06/16	679.30
06/02	1,051.16	06/17	967.70
06/03	179.08	06/18	3,608.41
06/04	912,88	06/19	53,632.56
06/05	2,502.88	06/22	21,320.91
06/08	52,594.46	06/23	20,527.02
06/09	53,414.28	06/24	18,300.40
06/10	56,764.43	06/25	19,818.90
06/11	101.91	06/26	28,458.11

06/29

06/30



14,856.82

4,711.96

#### **SERVICE CHARGE SUMMARY**

06/12

06/15

TRANSACTIONS FOR SERVICE FEE CALCULATION	NUMBER OF TRANSACTIONS
Checks Paid / Debits	91
Deposits / Credits	56
Deposited Items	12
Transaction Total	159
SERVICE FEE CALCULATION	AMOUNT
Service Fee	\$18.00
Service Fee Credit	-\$18.00
Net Service Fee	\$0.00
Excessive Transaction Fees (Above 0)	\$0.00
Total Service Fees	\$0.00

10,567.01

26.55



**6000000000000**9626 Account Number:

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Write in the Ending E					ep 1 Balance:	\$
List and total all deponent  Date Amount	Date	Amount	Date	Amount	<del></del>	
					– – Step 2 Total;	\$
Add Step 2 Total to 5	Step 1 Balance	) <u>.</u>			Step 3 Total:	\$
	Amount	Check Nu	mher or Date	Amount		
	Amount	Check Nu	mber or Date	Amoun	<u>-</u>	
		Check Nu	mber or Date	Amouni	<u>-</u>	
		Check Nu	mber or Date	Amouni	  	
		Check Nu	mber or Date	Amount		
Check Number or Date		Check Nu	mber or Date	Amoun		-\$

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:Call or write us at the phone number or address on the front of this statement (non-personal accounts contact Customer Service) if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

Your name and account number

· The dollar amount of the suspected error

• A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS:Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account.



JPMorgan Chase Bank, N.A. Member FDIC